******

**PERSONAL INFORMATION**

LAST NAME………………………………………………………………………………………………………………………………………………..

FIRST NAME………………………………………………………………………………D.O.B………………………………………………………

PHONE NUMBER………………………………………………………..EMAIL ADDRESS…………………………………………………….

SHIPPING ADDRESS?RESIDENCE………………………………………………………………………………………………………………..

APPLICANT’S ID TYPE…………………………………………………….APPLICAN’TS ID NUMBER…………………………………..

COUNTRY OF RESIDENCE…………………………………………………DATE OF APPLICATION…………………………………….

**LEVEL OF REGISTRATION(TICK APPROPRIATE LEVEL)**

4-16OZ, Bottles (Trevo Power Start One) - KES 13,180

8-16OZ, Bottles (Trevo Power Start Two) - KES 23,850

12-16OZ ,Bottles (Trevo Power Start Three) - KES 35,775

16-16OZ, Bottles (Trevo Power Start Four) - KES 47,700

**PROVIDE YOUR M-PESA INFORMATION**

APPLICANT’S M-PESA NAME……………………………………………………………………………………………………………………

APPLICANT’S M-PESA NUMBER……………………………………………………………………………………………………………….

APPLICANT’S ENROLLER/UPLINE………………………………………………………………………………………………………………

APPLICANT’S ENROLLER/ UPLINE’S CID……………………………………………………………………………………………………

APPLICANT’S SIGNATURE…………………………………………………………………………………………………………………………

PLEASE ATTACH A COPY OF APPLICANT’S IDENTIFICATION CARD

PLEASE ATTACH A COPY OF THE PROOF OF THE APPLICANTS ACCOUNT NUMBER

**TREVO ACCOUNT DETAILS**

**PAYBILL NUMBER -700201**

**ACCOUNT NUMBER -6616007798**

**N.B: Only 18 years and above applicants will be accepted.**

**N.B: If any new life and health coach is found to be enrolled with the incorrect country or a country where they don’t physically reside, the enrollee and the enroller will be immediately terminated.**

**N.B: By signing this form the applicant agrees to abide by policies and procedures of Trevo.**